

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 104

County Registrar No. 93

Local Registrar No. 48

1. County of Gila

District of _____

Town of Miami

or

City of _____ No. 104 Depot Hill St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Margarita Ramirez If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.

4. Single triplet or other _____ 5. Legitimate yes

6. Date of birth Feb. 3-1925 Month day year

5. No., in order of birth 1

8. FATHER
Full name Juan Ramirez
9. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz.

10. Color or race Mex.
11. Age at last birthday 37 (Years)

12. Birthplace (city or place) Jalisco
(State or country) Mex

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Maria P. Ramirez
15. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz.

16. Color or race Mex.
17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Jalisco
(State or country) Mex

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 6
(b) Born alive but now dead 6
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 9 P. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from a supplemental report _____

Signature Cyril M. Brown M.D.
(Physician or midwife)
Address Miami, Arizona

Filed Feb. 15, 1925 Arizona Phoenix

Month, day, year.

Local Registrar.

County Registrar.

Registrar.

499-203-499